CRIME VICTIMS REPARATIONS BOARD

MENTAL HEALTH TREATMENT UPDATE

PLEASE NOTE: Completion of this form is required to show the **necessity** of continued treatment. While many victims may benefit from long-term therapy, the Crime Victims Reparations Board is able to provide compensation only for therapy that is **necessary** to reduce significant risk to a victim and/or restore a victim to a **reasonable** level of functioning. This may or may not be a level that is equal to the victim's functioning prior to the crime.

IDENTIFYING INFORMATION:

Victim Name:_____ Soc. Sec. No:_____

Claimant Name:_____ Date of Crime:_____

Therapist Name:_____ Claim No:_____

Therapist Signature:_____ Date:_____

Therapist Federal Employer Identification Number:_____

DIAGNOSES:

Axis I:_____

Axis II:_____

Axis III:_____ Current GAF_____

FUNCTIONAL IMPAIRMENTS:

(*Rate the severity of impairment in each area below, and describe how the above symptoms impair functioning or place the victim at risk)*

1 = MILD (impacts quality of life but no significant impairment of day to day functioning)

2 = MODERATE (significant impact on quality of life and/or day to day functioning)

3 = SEVERE (profound impact on quality of life and day to day functioning)

AREA	SEVERITY	DESCRIPTION
Job/School	_____	_____
Relationships/Family	_____	_____
Other_____	_____	_____

SYMPTOMS & PROBLEMS:

(Check all that substantiate Axis I & II diagnoses and rate the severity of each)

1 = MILD (impacts quality of life but no significant impairment of day to day functioning)

2 = MODERATE (significant impact on quality of life and/or day to day functioning)

3 = SEVERE (profound impact on quality of life and day to day functioning)

❑ Anxiety	1	2	3
❑ Appetite Disturbance	1	2	3
❑ Bizarre Behavior	1	2	3
❑ Conduct Problems	1	2	3
❑ Depressed Mood	1	2	3
❑ Gender Issues	1	2	3
❑ Bizarre Ideation	1	2	3
❑ Low Energy/ Anhedonia	1	2	3
❑ Psychomotor Retardation	1	2	3
❑ Poor Concentration	1	2	3
❑ Agitation	1	2	3
❑ Elimination Disturbance	1	2	3

❑ Irritability	1	2	3
❑ Independent Living Problems	1	2	3
❑ Poor Inter-personal Skills	1	2	3
❑ Poor Judgement	1	2	3
❑ Impaired Memory	1	2	3
❑ Obsessions/ Compulsions	1	2	3
❑ Panic Attacks	1	2	3
❑ Paranoid Ideation	1	2	3
❑ Phobia	1	2	3
❑ Sexual Dysfunction	1	2	3
❑ Sleep Disturbance	1	2	3
❑ Somatization	1	2	3

❑ Lability	1	2	3
❑ Bingeing/Purging	1	2	3
❑ Laxative/ Diuretic Abuse	1	2	3
❑ Anorexia	1	2	3
❑ Circumstantial/ Tangential	1	2	3
❑ Loose Associations	1	2	3
❑ Delusions	1	2	3
❑ Hallucinations	1	2	3
❑ Aggressive Behaviors	1	2	3
❑ Oppositional Behavior	1	2	3
❑ Other			
_____	1	2	3
_____	1	2	3

CURRENT RISK FACTORS:

SUICIDALITY: ❑ None ❑ Ideation ❑ Plan ❑ Intent w/o means ❑ Intent with means

HOMOCIDALITY: ❑ None ❑ Ideation ❑ Plan ❑ Intent w/o means ❑ Intent with means

IMPULSE CONTROL: ❑ Sufficient ❑ Moderate ❑ Minimal ❑ Inconsistent ❑ Explosive

MEDICAL RISKS: ❑ Yes ❑ No If Yes, explain_____

OTHER:_____

TREATMENT GOALS:

(*List specific goals directed at reducing risk and impairment to functioning specified above. Also rate the progress toward meeting each goal using the scale below)*

N – NEW GOAL 1 – MUCH WORSE 2 – SOMEWHAT WORSE 3 – NO CHANGE

4 – SLIGHT IMPROVEMENT 5 – GREAT IMPROVEMENT R – RESOLVED

Treatment Goals	Treatment Methods	Progress (since last report)	Expected Resolution Date

DATES OF SERVICE:

(List specific dates of service over past 6 months and <u>have claimant sign & date below</u>)

_____ _____ _____ _____ _____

_____ _____ _____ _____ _____

_____ _____ _____ _____ _____

_____ _____ _____ _____ _____

_____ _____ _____ _____ _____

_____ _____

Claimant Signature Date